MEDICAL DIRECTION COMMISSION (MDC)
MINUTES
April 22, 2005
150 North 18th Avenue, Suite 540-A
Phoenix, Arizona

Members Present:
Ben Bobrow (Chairman)
Kevin Conn
John Gallagher
John Raife
Daniel Spaite
Michael Ward
Thomas Wachtel

Members Absent:
Wendy Ann Lucid
Harvey W. Meislin
Phillip C. Richemont
Frank Walter
Carrie Walters

Ex-Officio Members Present:
Kay Lewis

I. CALL TO ORDER

Ben Bobrow, Chairman, called the regular meeting of the Medical Direction Commission to order at 9:15 a.m. A quorum was present.

II. DISCUSS/AMEND and ACTION ON JANUARY 21, 2005 MINUTES

A motion was made by Daniel Spaite and seconded by Kevin Conn to approve the agenda for April 22, 2005 and the minutes of January 21, 2005 with no corrections. **Motion carried.**

III. REPORTS:

A. Report from the Office of the Director:

- Niki O'Keeffe, Deputy Assistant Director, reported that the Trauma legislation passed.
- Niki O'Keeffe reported that Catherine R. Eden, Director, will be retiring. Ms. Eden's last day will be Friday April 29, 2005
- A new Director has not been selected, but the Governor has created a Search Committee to assist in the process.

B. Chairman's Report

- Ben Bobrow, Chairman, announced the presentation of Dr. Ewy entitled"Cardio-Cerebral Resuscitation and the New CPR". The presentation will be given during the EMS Council Meeting following the MDC Meeting.

C. EMS Regional Councils' Leadership Meeting

- The meeting was held on March 17, 2005 at the ASU Downtown Campus. The meeting was comprised of members from the four Regional Councils. Eighteen regional council representatives were present as well as the key leadership from the Bureau.
- The purpose of the meeting was to brief regional council members on the new organizational structure of the Bureau, the newly defined goals and objectives of the Bureau, introduction of the Bureau internal Operating Instructions, new EMT certification process, new enforcement process, and to review the proposed air ambulance rules.

Other topics discussed at the meeting were the EMS diversion program, SHARE program, EMS Trauma Systems update, and Rural Health Services briefing.

- The next Regional Council Leadership Meeting will take place in October 2005. The Bureau will host this meeting on a semi-annual basis.

IV. PROTOCOLS, MEDICATIONS AND DEVICES (PMD) COMMITTEE:

A. PMD Committee Report

- John Gallagher reported that the PMD Committee has been working on the drug list.

B. PMD Committee Recommendations:

1. **Discussion and Action on Revised Pediatric Treatment and Triage Protocols**
2. **Discussion and Action on Additional Recommendations to the Revised Treatment and Triage Protocols by Dr. Robert Berg and Dr. Marc Berg**

- A motion was made by John Gallagher and seconded by Kevin Conn to have the PMD Committee table the information and submit to MDC at the next meeting.

Item: **Revised Pediatric Treatment and Triage Protocols**
Follow Up: **PMD Committee**
Who: **John Gallagher**
When: **May 12, 2005**

V. ARIZONA DEPARTMENT OF HEALTH SERVICES DISCUSSION AND ACTION ITEMS:

A. Introduction of New Bureau Staff

- Ben Bobrow introduced Rhonda Montgomery as the new Northern and Central Regional Liaison and Amanda Valenzuela as the new Program and Project Specialist for the Bureau of Emergency Medical Services.

VI. OLD BUSINESS:

A. Discussion and Action on RSI Pilot Project Update

- Sean Newton, Chairman of RSI Pilot Project Study, reported that the work group met and addressed concerns such as experience levels, required intubations, additional training, additional equipment requirement needs, and reporting requirements placed on agencies.

- The work group recommended the following:
  - Baseline Experience Levels – Skill may be performed by (1) EMT-P and (1) EMT-B. Both individuals must have gone through approved BLS and ALS RSI skills training programs. No single EMT-P should ever perform the skill. A minimum crew of two must perform together.
  - Number of supervised intubations – minimum of 12 per calendar year performed on either human or mannequin simulators.

- Tracking system for intubations – Each participating agency must have software to track the intubations of their members. The reports reflecting the number and proficiency of intubations must be submitted to BEMS with their 4th quarter RSI report.
- Medical Director involvement – The workgroup recommended that each agency considering the addition of the RSI skill must have a contracted Medical Director that approves the procedure following BEMS guidelines that includes close, direct, hands on Medical Direction.
- Reports to BEMS – The workgroup recommended that a mandatory reporting requirement be stipulated in the RSI agreement. Reports should be sent to MDC on a quarterly basis. If participating agencies fail to submit the required reports, then those agencies will be suspended in performing the RSI skill.
- Co2 monitoring. The workgroup recommended the addition of mandatory continuous in-line Co2 monitoring capabilities. This Co2 monitoring must include printed capnographic waveform abilities and must be attached to every RSI report. Colormetric Co2 indicators will no longer be acceptable.

- It was reported that some, but not all agencies are reporting or collecting data. This is one of the concerns that the work group has targeted and will be addressing in the final writ of the formal rule.

- It is anticipated that within the next two work group meetings the entire process will go underway addressing what is required and expected of the agencies, medical directors, and EMS Coordinators.

- A recommendation was made to draft a letter to the agencies, medical directors, and EMS Coordinators to apprise them on the requirements in the future and to continue to report.

- The work group will conduct a meeting on May 3, 2005 at 10:00 a.m. and will report an update at the next MDC meeting.

Item: **Update on RSI Pilot Project**
Follow Up: **Agenda Item MDC**
Who: **Ben Bobrow/Sean Newton**
When: **Next Meeting – September 23, 2005**

B. Discussion and Action on EMT-B Administration of Epinephrine by Auto-injector

- Sara Harpring presented information and discussed the revised draft of EpiPen® rules of February 18, 2005 which adds Epinephrine auto-injector (EpiPen®) to the EMT-B Drug List in Exhibit 1 to A.A.C. R9-25-503 and creates a new section, A.A.C. R9-25-509, Protocol for EMT-B Administration of Ephinephrine by Auto-Injector.

  The rule authorizes an EMT-B to administer Epinephrine by Auto-Injector by making it an optional skill obtained by completing training. The rule

further specifies that administration of EpiPen® is not an advanced procedure that requires on line medical direction. It prohibits the use by EMT-B until completing training, and requires EMT-B to complete refresher training every two years.

- It was reported that the draft was presented to PMD for approval of the training requirements, and on March 31, 2005 the draft rules was sent out for comments. ADHS received 7 comments; almost all positive comments were received.

- It was requested that MDC recommend to ADHS whether to adopt the EpiPen® rulemaking as it appears in the draft of 2/18/05.

  A motion was made by John Gallagher and seconded by Michael Ward to approve the draft rule as it appears in the draft of February 18, 2005. **Motion carried.**

C. Discussion and Action on Adopting GD-065-PHS-EMS: Drug Profile for Epinephrine Auto-Injector

- Sara Harpring presented GD-065-PHS-EMS: Drug Profile for Epinephrine Auto-Injector, Draft of March 7, 2005 to the MDC.

- In March, the PMD Committee considered a prior draft of GD-065-PHS-EMS and approved the draft with recommended changes. The current draft reflects the changes recommended by PMD.

- It was requested that MDC make a recommendation regarding whether GD-065-PHS-EMS: Drug Profile for Epinephrine Auto-Injector, Draft of March 7, 2005 should be adopted as a guidance document is or with additional changes.

- A suggestion was made to exclude brand names in the current draft and in future drug profiles to replace brand names with generic drug names.

  A motion was made by Daniel Spaite and seconded by Michael Ward to accept the Epinephrine Auto-Injector Draft, but to strike brand names in the current draft and future drug profiles and replace with generic drug names. **Motion Carried.**

D. Discussion and Action on EMT-B Carrying and Administration of Aspirin

- Sarah Harpring presented information for the agenda item on EMT-B Carrying and Administration of Aspirin.

- In January 2002, MDC recommended that ADHS develop a method to allow EMT-Basics to carry and administer aspirin.

- The Education Committee, in February 2002, approved a motion to accept the drug profile for aspirin as a guideline for the initial providers and EMT-B refresher courses so that EMT-Bs could be allowed to administer aspirin to individuals with chest pain.
    - In April 2002, EMS Council recommended that EMT-Bs be allowed to carry and administer aspirin for patients with chest pain.

- In June 2002, ADHS accepted the recommendations of MDC and EMS Council and amended what is now A.A.C. R9-25-503, Exhibit 1 by adding an EMT-B Drug List that included only aspirin. Previously there had been no drug list for EMT-Bs. ADHS's intention was thereby to authorize EMT-Bs to carry and administer aspirin. Because a protocol was not adopted at that time, some confusion existed about this.

- In March 2005, ADHS tried to resolve the confusion by adopting a protocol for EMT-B Carrying and Administration of Aspirin. The protocol was adopted effective April 1, 2005, as A.A.C. R9-25-510, which specifies that:
    - An EMT-B is authorized to carry aspirin for administration to an adult patient suffering from chest pain.
    - An EMT-B is authorized to administer aspirin only to an adult patient suffering from chest pain.
    - An EMT-B's administration of aspirin to an adult patient suffering from chest pain is not an advanced procedure that requires administrative and on-line medical direction.
    - An adult is someone who is 18 years of age or older.

- ADHS sent out a notice of the new rule in March 2005 and received a question regarding whether the Arizona EMT-B course needed to be changed to include specific aspirin training because aspirin is not included in the 1994 National Standard Curriculum and thus in the Arizona EMT-B course as described in the rule.

- Two issues were brought before MDC for recommendation.
    1. Whether ADHS needs to specifically require in the rule that an aspirin curriculum be taught to EMT-Bs.
    2. Whether MDC believes that the aspirin curriculum that should be used is the current drug profile for aspirin (GD-026-PHS-EMS).

- A concern arose as to whether the drug profile is appropriate for EMT-Bs because a number of indications other than chest pain are listed under Indications and Field Use. These are not indications for an EMT-B to be administering aspirin. Discussion ensued about making a separate drug profile just for EMT-Bs and about how to revise the drug profile to make it appropriate for EMT-Bs.

- The following recommendations were made for changes to the drug profile:
    i. Add verbiage specifying that the drug profile is specifically for EMT-Bs.
    ii. Strike out brand names in the profile.

iii. Eliminate “baby aspirin” and “pediatric” and “chewable” and use the dosage of 81 mg instead.
iv. Eliminate “Pain/discomfort/fever” dosage information under Adult Dosage.
v. Eliminate “Baby” under Special Notes.

i. Discussion ensued about what should be included under Indications and Field Use, including whether to use “Chest pain with or without other signs suggestive of acute myocardial infarction.” The discussion included consideration of whether chest pain should always be required, or whether aspirin should be available for patients who are suffering shortness of breath or chest heaviness, chest pressure, or chest tightness, but not chest pain. During the discussion, it was determined that the current rule language could and would need to be amended if the committee’s recommendation was not consistent with the language in the current rule.

ii. The ultimate consensus was that the entire first line of the Indications and Field Use in the current profile should remain, and the rest of the Indications and Field Use should be deleted. Thus, the Indications and Field Use would read: “Chest pain or other signs/symptoms suggestive of acute myocardial infarction.”

A motion was made by Michael Ward and seconded by Daniel Spaite to accept the drug profile with the indicated changes. **Motion carried**

A motion was made by Michael Ward and seconded by Daniel Spaite for the language in the rule to say the exact same thing as the Indications and Field Use in the drug profile: “Chest pain or other signs/symptoms suggestive of acute myocardial infarction.” **Motion carried**

VII. NEW BUSINESS:

A. Discussion and Action on Calcium Gluconate Project Annual Update –Fire Chief, Gary Woods:

- Fire Chief Gary Woods reported that the Calcium Gluconate would expire in August 2005. The project was approved to run for a five-year period.

- Over the five-year lifespan of the pilot project, Calcium Gluconate has been administered five times.

- Fire Chief Gary Woods asked MDC to approve the pilot project for another five years.

A motion was made by Michael Ward and seconded by Kevin Conn for the Honeywell Fire Department to continue the Calcium Gluconate Project for an additional five years. **Motion carried**

B. Discussion and Action on Amyl Nitrite Pilot Project Annual Update – Fire Chief, Gary Woods:

- Fire Chief Gary Woods reported that the Amyl Nitrite Pilot Project would expire in June 2005. The project was originally approved to run for five years.

- Amyl Nitrite has not been used during the five-year lifespan of the project.

- The approval of the pilot project to run for an additional five years was asked before MDC.

A motion was made by Michael Ward and seconded by Kevin Conn for Honeywell Fire Department to continue for another five years with the Amyl Nitrite Pilot Project. **Motion carried**

C. Discussion and Action on A.A.C. R9-25-503; Exhibits 1, 2, and 3 (Drug Lists):

- John Gallagher reported that the PMD Committee did not have the intent to have dosages listed, but only limited amounts in the drug list.

A motion was made by John Gallagher and seconded by Kevin Conn to strike the listed dose and have the minimum drug amount. **Motion carried**

VIII. CALL TO THE PUBLIC

- Carolyn Rauch thanked the MDC for their quick action taken on the EpiPen® issue.

IX. SUMMARY OF CURRENT EVENTS

None were reported

X. ANNOUNCEMENT OF NEXT MEETING – September 23, 2005

XI. ADJOURNMENT

The meeting was adjourned at 10:25 a.m.

Minutes approved by MDC on October 21, 2005